



ZONING APPLICATION & PERMIT

TOWN OF OCEAN ISLE BEACH
Planning & Inspections Department
Three West Third Street, Ocean Isle Beach, NC 28469
(910) 579-3469 FAX (910) 579-2940

Applicant: _____ Applicant is: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

P.I.N.: _____ P.I.N. notes: _____ Sheet: _____
Project Address: _____
Project description: _____
Subdivision: _____
Section: _____ Block: _____ Lot: _____
Floor Area: _____ Cost: _____

I, the undersigned, hereby attest that the information given above is accurate and that I will comply will all applicable regulations and standards of the Town of Ocean Isle Beach. I, the applicant, am responsible for contacting the Town of Ocean Isle Beach for all setback inspections.

Owner or Agent: _____ Date: _____

Project is: _____ Zoning: _____ Land Use: _____
Setbacks (ft): Front Setback: _____ Rear Setback: _____
Side Setback: _____

Parking: Parking Space Required: _____ Parking Spaces Proposed: _____
Paving Required: _____ Parking Layout Approved: _____

Official: _____ Date to be inspected: _____
Comments: _____

Zoning Official: _____ Date: _____

Inspection Notes: Addition: _____ Accessory: _____ New Construction: _____
Date Inspected: _____ Inspector: _____
Comments: _____

**** Note: Property corners must be staked for setbacks.**

Copies:

Town of Ocean Isle Beach

Applicant